Crowther, Joan (DEQ)

From: Tim Clemons [TClemons@rapidan.org]
Sent: Thursday, April 26, 2012 10:52 AM
To: Crowther, Joan (DEQ)
Subject: Emailing: Gordonsville - Revised Attachment 2 and Description
Attachments: Gordonsville - Revised Attachment 2 and Description.pdf

Joan, attached is a revised Attachment 2 and description for the Gordonsville plant/permit renewal. I am the first to admit, if someone is not thoroughly familiar with the plant/system, it can be confusing. I hope I have cleared it up, at least a bit.

We would like to continue using the existing gas chlorine system and have the detention time be between the injection point and the discharge point to the fields. That, at least in my simple thinking, is the easiest way to accomplish what we are trying to accomplish and also, at least in my thinking, eliminates existing Outfall 101 as we would use the Overland Pump Station wetwell as the TRC monitoring site. If this is still too confusing or I am way out in left field with this, call me or email. I will be off next week but back the week of May 6.

Thanks

Tim

Your message is ready to be sent with the following file or link attachments:

Gordonsville - Revised Attachment 2 and Description

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Description

The facility is a 0.667 million gallon per day plant.

Chlorine is added at the shown (existing) CL2 Injection point into the pipe immediately downstream of the clarifiers, upstream of the Pond Pump Station, via the existing gas chlorination system. Wastewater will be pumped from the Pond Pump Station and can be pumped to one of the following:

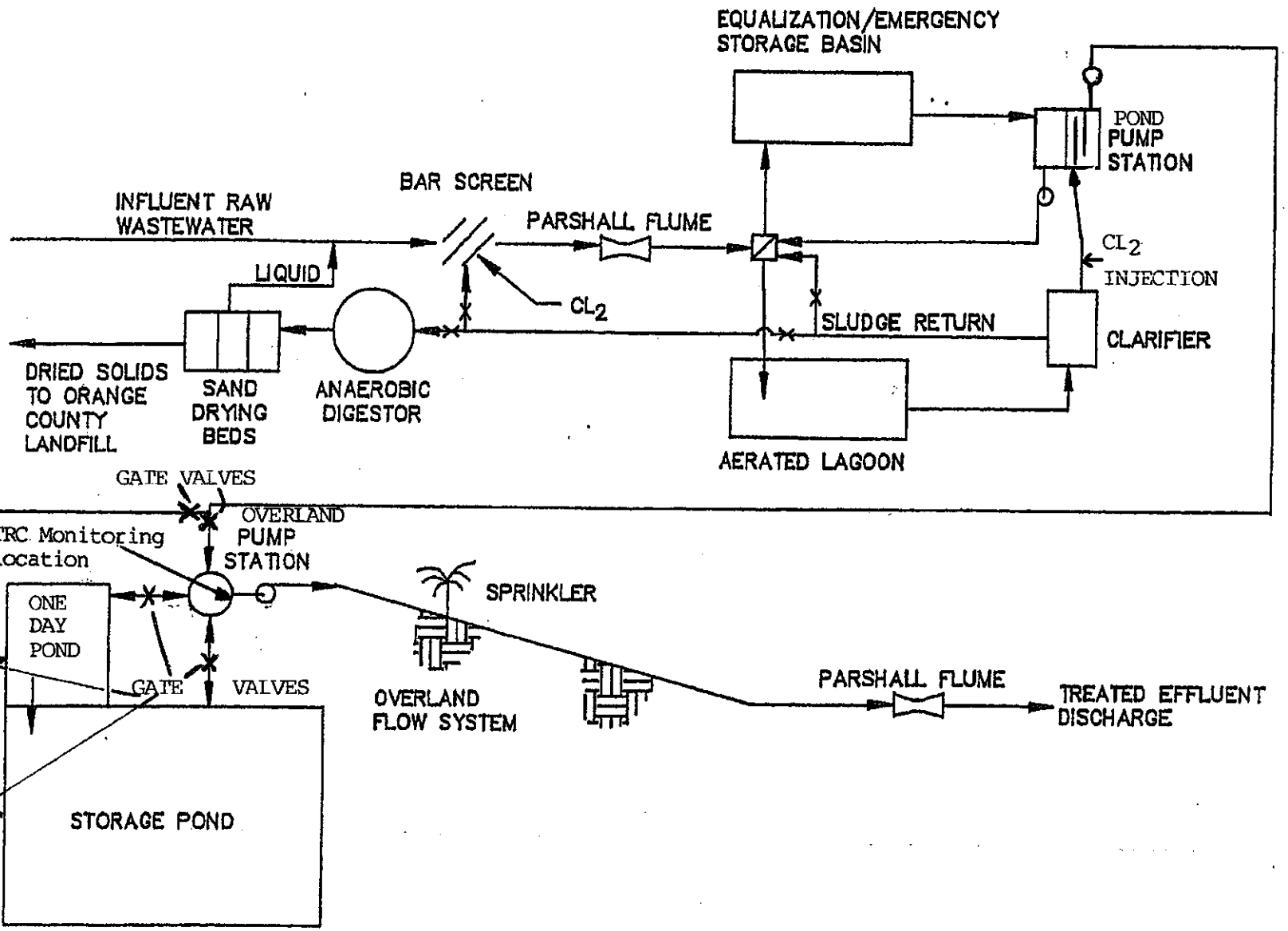
1. Overland Pump Station wetwell
2. One Day Pond
3. Storage Pond

This can be determined by the use of various gate valves installed in the pipelines.

Chlorine contact time will be accomplished through the baffled Pond Pump Station wetwell and the pipeline going up to either the Overland Pump Station wetwell or the One Day Pond. Normal operation will have the flow going to the Overland Pump Station wetwell and the chlorine residual will be monitored at that location prior to being pumped onto the spray fields. In the event that additional chlorine contact time is necessary, flow could be pumped into the One Day Pond, which would used then as a chlorine contact basin and the residual will be monitored in the Overland Pump Station wetwell prior to being pumped onto the spray fields.

Flow may be directed to and stored as needed in the existing Storage Pond either by pumping from the Pond Pump Station through the Overland Pump Station wetwell, by pumping from the Pond Pump Station around the Overland Pump Station Wetwell and into the Storage Pond, or by gravity between the One Day Pond and the Storage Pond via interconnected piping. Stored water can be returned directly to the Overland Pump Station wetwell or by portable transfer pump to the One Day Pond.

A future liquid chlorine system will be used on an as-needed basis to supplement the gas chlorine system. The future system will be located, if required, in the Overland Pump Station building and chlorine will added either into the Overland Pump Station Wetwell or into the piping going to the One Day Pond.



SCHEMATIC FLOW DIAGRAM

Crowther, Joan (DEQ)

From: Tim Clemons [TClemons@rapidan.org]
Sent: Wednesday, November 30, 2011 11:43 AM
To: Crowther, Joan (DEQ)
Subject: Gordonsville Permit Renewal Information
Attachments: Scan.pdf

Joan, I believe this provides answers to anything outstanding. If not please let me know. Also, unless you want it also, I am not submitting a paper copy of this.

Have a great day

Tim

-----Original Message-----
From: Scott Guengerich
Sent: Wednesday, November 30, 2011 11:38 AM
To: Tim Clemons
Subject: Emailing: Scan.pdf

Your message is ready to be sent with the following file or link attachments:

Scan.pdf

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November 30, 2011

Ms. Joan C. Crowther
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE: Gordonsville POTW – VA0021105

Dear. Ms. Crowther:

As you know from our meeting in September 2011, RSA is requesting consideration of several items associated with the upcoming VPDES permit reissuance for this plant. The primary reason for this is that several businesses that made up a large portion of the flow into the plant are no longer in existence and are not expected to be replaced. This decrease in customer base also reflects a large decrease in revenue for this small plant. Accordingly and in response to your letter of November 14, 2011, please find additional information addressed below in the order of your letter.

1. Attached is an analytical summary of the plant monitoring well data during the current permit cycle. Included with this summary is a site map showing the location of each monitoring well. (attachment 1).
2. We have recently submitted the paperwork for the CTO for recent changes made at the Gordonsville POTW under separate letter. Attached to this response is a flow diagram associated with the recent changes. We are prepared to begin using this location for TRC monitoring upon receipt of the CTO (attachment 2).
3. Attached is a revised section of the plant O&M Manual regarding staffing at the plant. This is submitted for DEQ's records and we have included this in the current O&M Manual located at the plant (attachment 3).
4. We will continue to perform daily testing at Outfall 001 on the days the plant has a discharge from the overland flow system.
5. We respectfully request that the frequency of analysis for Outfall 001 be reduced as it pertains to BOD5, TSS and Ammonia. We believe here is sufficient historical data on file for this facility to support this request.
6. We respectfully request that the frequency of analysis for E-coli be reduced. Attached is supporting data recently obtained that shows E-coli is already present in the stream before our point of discharge. We collected these samples from this stream prior to the discharge point. This data clearly supports RSA's position that E-coli enter this outfall stream from sources other

than the plant (attachment 4). We further request that the Total Recoverable Copper effluent testing be discontinued. To the best of my knowledge, this effluent limitation was as a result of Liberty Fabrics sending their industrial waste to the treatment plant. Liberty Fabrics ceased operations in 2003. Attached is a spreadsheet from 2007 to present showing the Total Recoverable Copper results for the plant (attachment 5).

In addition, attached is amended EPA Form 2A information provided with the initial permit re-issuance package. These include changes to the following:

1. A.9.f. with attachment
2. B.1.
3. B.3.
4. B.5.d.
5. VPDES Permit Application Addendum

I believe this addresses each of the items contained within your letter of November 14, 2011 as well as provides additional information supporting RSA's requests concerning this permit re-issuance. Should further information be required, please let me know.

Sincerely,

Dudley M. Pattie
General Manager

cc: Permit File

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #1

Date	standard units	5.5-8.5 pH su	Cond. umhos	0.025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0.025 ammonia mg/l	0.0004 cadmium mg/l	0.05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		6.74	1280	<.01	<.05	<1	158	11.5	1.12	<.10	<.005	0.012	<.005	<.005	<.005	23
2/11		6.68	1310	<.01	<.05	<1	156	18.9	0.85	0.23	<.005	<.005	<.005	<.005	<.005	500
9/10		6.91	1170	<.01	<.05	<1	156	18.1	1.23	0.47	<.005	0.019	<.005	<.005	<.005	>1600
[illegible]0		7.15	1160	<.01	0.12	<1	142	16.9	0.78	0.2	<.005	<.005	<.005	<.005	<.005	<2
8/09		6.64	988	0.03	0.024	4.51	135	17.7	0.96	0.78	<.005	<.005	<.005	<.005	<.005	214.3
2/09		7.17	1210	<.01	0.231	3.88	142	16.5	0.28	0.2	<.005	<.005	<.005	<.005	<.005	2
7/08		6.8	1350	0.04	0.01	6.35	136	11.9	1.33	0.77	<.005	<.005	<.005	<.005	<.005	149.7
1/08		7.1	1110	0.01	0.19	5.16	150	11.5	0.68	0.23	<.005	<.005	<.005	<.005	<.005	<2
7/07		6.8	1240	0.01	<.02	8.61	143	14	1.02	0.39	<.005	<.005	<.005	0.005	0.013	500
1/07		7.2	1230	<.05	0.19	19.8	143	10.3	0.56	0.14	<.005	<.005	<.005	<.005	0.007	2
12/00			1210	<.10	0.06	7.39	127	11.5	0.16	0.1	<.005	<.005	<.005	0.006	<.005	<2

Attachment 1

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #2

Date	standard units	5.5-8.5 pH su	Cond. umhos	0.025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0.025 ammonia mg/l	0.0004 cadmium mg/l	0.05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		7.13	1270	<.01	<.05	<1	29.5	22.2	0.73	<.10	<.005	0.014	0.012	<.005	0.008	1600
2/11		7.63	1190	<.01	0.256	<1	126	21.8	1.13	<.10	<.005	<.005	0.013	<.005	<.005	2
9/10		7.39	1090	<.01	<.05	<1	132	15.6	1.51	0.4	<.005	0.025	0.038	0.014	0.078	>1600
[illegible]10		7.26	1150	<.01	0.355	<1	106	14.6	0.78	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/09		7.85	1100	<.01	<.50	8.22	118	14	0.85	0.65	<.005	0.006	0.008	<.005	<.005	235.9
2/09		7.38	1090	<.01	<.04	5.98	115	17.3	1.42	1.16	<.005	<.005	<.005	<.005	0.012	>2419.6
7/08		7.2	1100	<.04	<.01	8.39	117	29.2	0.89	0.32	<.005	0.009	<.005	<.005	<.005	235.9
1/08		7.2	999	<.01	0.34	5.86	118	32.1	0.28	0.14	<.005	0.01	<.005	<.005	<.005	240
7/07		7.2	1060	<.01	<.02	6.79	118	33.3	1.02	0.5	<.005	0.007	0.008	<.005	0.008	>1600
1/07		7.5	919	0.09	0.25	4.29	114	30.3	0.78	0.4	<.005	0.017	<.005	<.005	0.009	<2

Well #3

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0.0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0 05 zinc mg/l	total coliform
8/11		7.11	380	<.01	0.535	<1	8.71	<10	0.56	<.10	<.005	<.005	0.005	<.005	0.007	<2
2/11		7.53	135	<.01	0.518	<1	7.82	<10	0.78	<.10	<.005	0.0025	0.039	0.04	0.084	4
9/10		6.94	452	<.01	0.434	<1	16	12.3	0.67	<.10	<.005	<.005	<.005	<.005	<.005	<2
[illegible]10		6.71	162	<.01	0.139	<1	3.6	11.9	<.75	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/09		6.81	332	<.01	0.516	<1	9.43	10.7	<.75	0.19	<.005	<.005	0.013	<.005	0.008	18.9
2/09		6.89	186	<.01	0.209	<1	9.04	<10	0.57	<.10	<.005	<.005	<.005	< 005	<.005	3
7/08		7.2	398	<.01	0.47	1.05	8.75	<10	0.28	0.11	<.005	<.005	<.005	<.005	<.005	1413.6
1/08		6.8	172	<.01	0.36	<1	3.87	<10	0.34	0.13	<.005	<.005	<.005	<.005	<.005	240
7/07		7.3	527	<.01	0.54	<1	20.1	15.2	0.45	<.10	<.005	<.005	<.005	<.005	0.009	<2
1/07		7.4	206	<.05	0.16	<1	9.04	10.5	0.17	<.10	<.005	<.005	<.005	<.005	0.007	<2
12/00			430	<.10	0.95	<1	16.4	10.3	<.10	<.10	<.005	<.005	<.005	<.005	<.005	<2

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #4

Date	standard units	5.5-8.5 pH su	Cond. umhos	0.025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0.025 ammonia mg/l	0.0004 cadmium mg/l	0.05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		7.14	1120	<.01	<.05	7.24	152	37.9	<.50	<.10	<.005	0.013	0.012	<.005	0.006	2
2/11		7.12	1150	<.01	0.195	<1	145	36.2	1.41	<.10	<.005	0.01	0.005	<.005	<.005	8
8/10		7.23	1090	<.01	<.05	<1	140	42.4	0.78	0.15	<.005	0.012	<.005	<.005	<.005	240
2/10		7.43	1140	<.01	0.249	<1	140	41.6	0.84	<.10	<.005	0.01	<.005	<.005	<.005	<2
8/09		6.77	1040	0.02	0.062	<1	115	18.5	<.75	0.11	<.005	<.005	0.006	<.005	0.007	1732.9
2/09		7.36	1130	<.01	0.188	1.6	139	35	0.71	<.10	<.005	<.005	<.005	<.005	<.005	<1
7/08		6.8	1260	<.01	0.04	5.61	152	35	0.37	0.22	<.005	0.008	<.005	<.005	<.005	517.2
1/08		7.1	1040	<.01	0.11	2.92	148	35	0.28	<.10	<.005	0.01	<.005	<.005	<.005	<2
7/07		7.1	1170	<.01	<.02	3.75	151	34	0.45	<.10	<.005	0.006	0.006	<.005	0.016	<2
1/07		6.9	1150	<.05	0.15	6.99	148	32.9	0.61	<.10	<.005	<.005	<.005	<.005	<.007	>1600
5/01			1260	<.05	0.07	2.79	165	25.9	0.5	<.10	<.005	0.006	0.006	<.005	<.005	4

Well #5

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0 05 zinc mg/l	total coliform
8/11		6.8	414	<.01	<.05	3.02	28.8	<10	0.61	<.10	<.005	0.005	<.005	<.005	0.005	<2
2/11		6.82	346	<.01	<.05	<1	13.8	<10	1.13	0.11	<.005	<.005	<.005	<.005	<.005	<2
9/10		7.13	352	<.01	<.05	<1	20.3	<10	0.78	<.10	<.005	<.005	<.005	<.005	<.005	4
[illegible]10		7.07	313	<.01	<.05	<1	36	<10	0.78	<.10	<.005	<.005	<.005	<.005	<.005	6
8/09		7.12	281	<.01	0.059	<1	13.3	<10	<.75	<.10	<.005	<.005	<.005	<.005	<.005	93.2
2/09		7.04	308	<.01	<.04	<1	8.81	<10	0.28	0.16	<.005	<.005	<.005	<.005	<.005	3.1
7/08		7.2	395	<.01	<.04	1.05	5.47	<10	0.44	<.10	<.005	<.005	<.005	<.005	<.005	178.5
1/08		6.9	310	<.01	0.05	<1	8.49	<10	0.11	<.10	<.005	<.005	<.005	<.005	<.005	13
7/07		7.1	384	<.01	<.02	<1	5.22	<10	0.34	0.1	<.005	<.005	<.005	<.005	<.009	14
1/07		7.1	326	<.05	0.06	1.73	6.72	<10	0.45	<.10	<.005	0.007	<.005	<.005	<.005	4
5/01			401	<.05	<.02	2.11	8.13	<10	0.26	<.10	<.005	<.005	<.005	<.005	<.005	<2
12/00			360	<.10	0.06	<1	7.09	<10	<.10	<.10	<.005	<.005	<.005	<.005	<.005	4

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #6

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0 05 zinc mg/l	total coliform
8/11		7.1	832	0.06	0.491	2.18	76.8	<10	0.56	<.10	<.005	0.005	0.006	0.005	0.005	>1600
2/11		7.19	819	<.01	0.607	<1	80.8	11.9	1.13	<.10	<.005	<.005	0.006	<.005	<.005	<2
8/10		7.04	743	0.08	0.696	<1	66.3	11.9	0.78	<.10	<.005	0.009	<.005	<.005	<.005	<2
2/10		7.21	1000	<.01	<.05	<1	133	10.3	<.75	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/09		7.00	944	0.01	0.071	<1	96.8	<10	<.75	<.10	<.005	<.005	0.006	<.005	<.005	83.6
2/09		7.07	898	0.01	0.04	<1	91.5	10.7	0.28	<.10	<.005	<.005	<.005	<.005	<.005	<1
7/08		6.9	883	<.01	0.07	3.83	75.5	<10	0.67	<.10	<.005	<.005	<.005	<.005	0.006	149.7
1/08		7.2	736	<.01	0.07	2.82	80.6	11.5	0.28	<.10	<.005	<.005	<.005	<.005	<.005	<2
7/07		7.1	765	0.03	0.31	1.77	54.9	10.7	0.51	0.16	<.005	0.006	<.005	<.005	0.01	2
1/07		7.3	567	<.05	<.02	2.48	62.2	13.2	0.61	<.10	<.005	<.005	<.005	<.005	0.009	<2
5/01			499	<.05	0.99	1.39	14.7	11.7	0.13	<.10	<.005	<.005	0.01	<.005	<.005	500

Well #7

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0 05 zinc mg/l	total coliform
8/11		7.29	629	<.01	2.97	2.78	41.3	14	0.95	<.10	<.005	<.005	0.009	<.005	<.005	<2
2/11		8.12	588	<.01	2.88	<1	39.1	18.9	1.34	<.10	<.005	0.063	0.12	0.045	0.24	<2
9/10		7.23	552	<.01	2.99	<1	40.5	21.8	1.51	<.10	<.005	<.005	<.005	<.005	0.007	<2
8/10		7.61	541	<.01	3.36	<1	34.8	14.8	<.75	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/09		7.55	583	0.02	3.05	<1	37.3	15.2	<.75	<.10	<.005	<.005	0.005	<.005	0.006	920.8
2/09		7.65	521	<.01	3.13	<1	31.6	13.2	0.5	<.10	<.005	<.005	<.005	<.005	<.005	34.1
7/08		6.9	878	<.01	0.52	2.52	95.2	23.5	0.56	<.10	<.005	0.007	<.005	<.005	<.005	2
1/08		7.5	530	<.01	2.69	<1	35.5	15.6	0.17	0.28	<.005	<.005	<.005	<.005	<.005	<2
7/07		7.2	575	0.01	0.9	<1	37.4	12.3	0.73	0.84	<.005	<.005	<.005	<.005	0.008	130
1/07		7.5	570	<.05	2.59	3.56	41	17.7	0.33	<.10	<.005	0.008	<.005	<.005	<.005	2
5/01			706	<.05	2.5	1.47	58.6	16.9	0.33	<.10	<.005	<.005	<.005	<.005	0.016	<2

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #8

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0.05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		6.5	949	0.03	1.48	2.97	213	<10	1.12	0.13	<.005	<.005	<.005	<.005	<.005	>1600
2/11		7.33	953	<.01	1.59	<1	207	<10	1.69	<.10	<.005	0.017	0.043	0.009	0.052	22
9/10		6.61	846	<.01	1.63	<1	201	<10	1.06	<.10	<.005	0 005	< 005	<.005	<.005	<2
8/10		7.12	760	<.01	0.978	<1	160	<10	0.78	<.10	<.005	0.005	<.005	<.005	<.005	<2
8/09		6.7	826	<.01	1.62	<1	196	<10	<.75	<.10	<.005	<.005	<.005	<.005	<.005	>2419.6
2/09		6.7	845	<.01	1.38	<1	177	<10	0.22	<.10	<.005	<.005	<.005	<.005	<.005	193.5
7/08		6.9	943	<.01	1.66	<1	191	<10	0.56	<.10	<.005	<.005	0.008	<.005	0.005	104.3
1/08		6.7	760	<.01	2.33	<1	197	<10	0.91	0.1	<.005	<.005	<.005	<.005	<.005	<2
7/07		6.9	885	<.01	1.03	1.28	193	<10	0.85	0.15	<.005	<.005	< 005	<.005	< 007	900
1/07		6.7	830	<.05	1.92	<1	197	<10	0.17	<.10	<.005	0.005	<.005	<.005	<.005	30
5/01			425	<.05	1.78	1.3	78.8	<10	0.14	<.10	<.005	<.005	<.005	<.005	<.005	<2
12/00			385	<.10	2.97	<1	69.8	<10	<.10	<.10	<.005	<.005	<.005	<.005	<.005	<2

Well #9

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Date	standard units	5.5-8.5 pH su	Cond. umhos	0.025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0.025 ammonia mg/l	0.0004 cadmium mg/l	0.05 chromium mg/l	1 copper mg/l	0.05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		5.14	20.5	<.01	<.05	<1	2.54	<10	1.57	<.10	<.005	<.005	<.005	<.005	0.01	<2
2/11		4.74	14.2	<.01	<.05	<1	2.15	<10	1.13	<.10	<.005	<.005	<.005	<.005	0.01	2
9/10		5.96	23.4	<.01	<.05	<1	4.55	<10	0.67	<.10	<.005	<.005	0.022	<.005	0.058	<2
3/10		5.63	15.5	<.01	<.05	<1	11.8	<10	<.75	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/09		7.23	15.1	<.01	<.05	<1	7.02	<10	<.75	<.10	<.005	<.005	<.005	<.005	0.014	2
2/09		4.85	16.6	<.01	<.05	<1	3.39	<10	0.17	<.10	<.005	<.005	<.005	<.005	0.011	<1
7/08		5.3	17.1	<.01	<.05	<1	4.38	<10	0.44	<.10	<.005	<.005	<.005	<.005	0.015	<1
1/08		5.7	26.8	<.01	0.03	<1	7.12	<10	0.57	0.1	<.005	<.005	<.005	<.005	0.012	<2
7/07		5.4	37.2	<.01	<.02	<1	2.89	<10	0.17	0.37	<.005	<.005	<.005	<.005	0.013	<2
1/07		7.2	32.8	<.05	<.02	<1	21.8	<10	<.10	<.10	<.005	<.005	<.005	<.005	0.025	<2
5/01			16.1	<.05	<.02	<1	5.6	<10	0.24	<.10	<.005	<.005	<.005	<.005	0.022	<2

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Well #10

Date	standard units	5 5-8 5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		5.36	589	<.01	<.05	5.08	159	13.2	0.56	<.10	<.005	<.005	<.005	<.005	0.014	>1600
2/11		6.08	657	<.01	<.05	<1	174	12.3	0.78	<.10	<.005	<.005	<.005	<.005	<.005	<2
8/10		5.45	632	<.01	<.05	<1	176	21.4	0.78	<.10	<.005	0.006	<.005	<.005	0.014	80
2/10		5.64	628	<.01	<.05	<1	177	14	<.75	0.11	<.005	0.005	<.005	<.005	0.016	30
8/09		5.59	615	<.01	0.234	1.07	82.2	11.1	<.75	0.31	<.005	<.005	0.006	<.005	0.018	16.9
2/09		5.52	616	<.01	<.05	1.25	167	<10	0.39	<.10	<.005	<.005	<.005	<.005	0.013	<1
7/08		5.8	660	<.01	<.05	2.38	55.5	<10	0.61	<.10	<.005	<.005	<.005	<.005	0.015	435.2
1/08		5.6	587	<.01	<.02	2.04	176	<10	0.34	0.11	<.005	<.005	<.005	<.005	0.014	<2
7/07		5.9	677	<.01	<.02	2.19	178	<10	0.34	0.35	<.005	<.005	0.006	<.005	0.027	<2
1/07		5.6	660	<.05	0.06	1.67	177	<10	0.28	0.1	<.005	<.005	<.005	<.005	0.025	<2
5/01			812	<.05	<.02	1.99	217	<10	0.16	<.10	<.005	<.005	<.005	<.005	0.039	<2

Well #12

Gordonsville Wastewater Treatment Plant
Monitoring Well Data

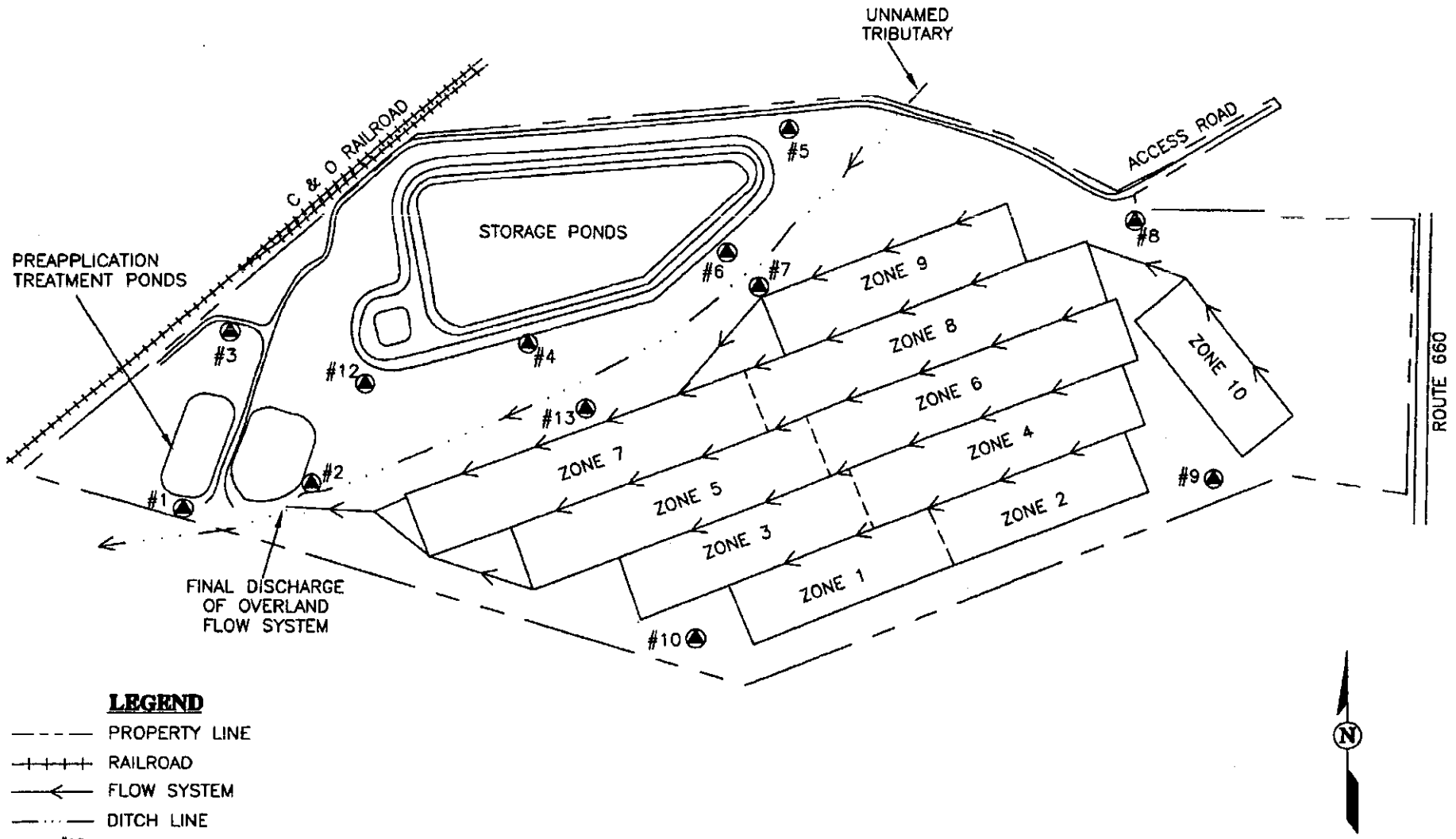
Date	standard units	5 5-8.5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0.05 zinc mg/l	total coliform
8/11		7.04	895	<.01	<.05	6.41	113	12.3	0.95	<.10	<.005	0.01	<.005	<.005	<.005	13
2/11		7.13	745	<.01	<.05	<1	79.7	10.7	1.06	<.10	<.005	0.005	<.005	<.005	<.005	2
9/10		7.07	862	<.01	<.05	<1	119	18.1	0.78	<.10	<.005	0.011	<.005	<.005	<.005	<2
[illegible]10		7.08	696	<.01	<.05	<1	87.4	11.9	0.84	0.22	<.005	<.005	<.005	<.005	<.005	<2
8/09		7.13	846	<.01	<.05	<1	97.3	13.6	<.75	0.2	<.005	<.005	<.005	<.005	<.005	26.2
2/09		7.09	696	<.01	<.05	<1	73.5	<10	0.28	0.11	<.005	<.005	<.005	<.005	<.005	2
7/08		6.9	791	<.01	<.05	2.71	79.9	10.3	0.78	0.12	<.005	0.006	<.005	<.005	<.005	48.7
1/08		7.1	626	<.01	0.04	1.44	76.4	13.6	0.4	0.12	<.005	<.005	<.005	<.005	<.005	42
7/07		6.9	849	<.01	<.02	1.88	108	14.4	0.34	0.44	<.005	<.005	<.005	<.005	0.005	8
1/07		7.5	701	<.05	0.06	<1	77.7	<10	0.5	0.16	<.005	<.005	<.005	<.005	0.006	<2

Well #13

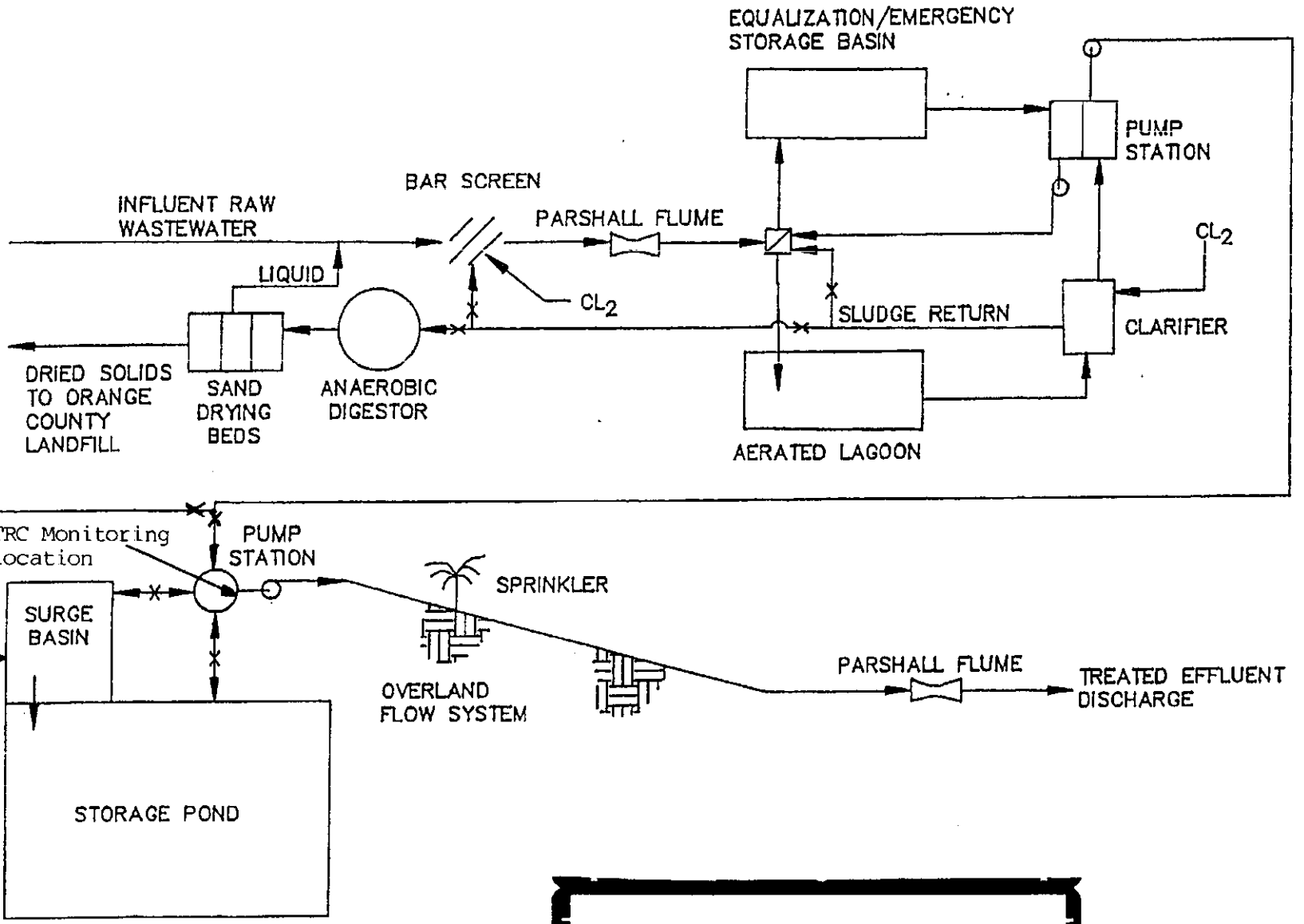
Gordonsville Wastewater Treatment Plant
Monitoring Well Data

Date	standard units	5 5-8.5 pH su	Cond. umhos	0 025 nitrite mg/l	5 nitrate mg/l	TOC mg/l	Chloride mg/l	sulfate mg/l	TKN mg/l	0 025 ammonia mg/l	0 0004 cadmium mg/l	0 05 chromium mg/l	1 copper mg/l	0 05 lead mg/l	0 05 zinc mg/l	total coliform
8/11		7.02	873	0.01	0.573	5.13	111	25.9	1.17	<.10	<.005	<.005	<.005	<.005	<.005	<2
2/11		7.06	869	0.02	0.599	<1	99.3	23.5	0.78	<.10	<.005	0.009	0.009	<.005	<.005	<2
9/10		6.87	869	<.01	0.552	<1	116	30.5	0.67	<.10	<.005	0.012	<.005	<.005	<.005	<2
10		7.12	1020	<.01	0.573	<1	135	38.3	<.75	<.10	<.005	0.01	<.005	<.005	<.005	<2
8/09		7.22	911	<.01	0.593	<1	104	28.8	<.75	<.10	<.005	<.005	<.005	<.005	<.005	18.5
2/09		7.03	811	<.01	0.634	<1	91.5	18.9	0.28	<.10	<.005	<.005	<.005	<.005	<.005	<1
7/08		7.4	535	<.01	2.79	1.01	30.6	13.6	0.39	<.10	<.005	<.005	0.005	<.005	0.012	1986.3
1/08		7	745	<.01	0.48	<1	92.2	18.9	0.4	0.13	<.005	0.008	<.005	<.005	<.005	<2
7/07		6.9	876	<.01	0.57	10.8	102	22.2	0.28	0.16	<.005	0.006	0.006	<.005	0.006	>1600
1/07		7.3	895	<.05	0.51	1.12	117	25.1	0.28	<.10	<.005	<.005	0.006	<.005	0.015	<2
5/01			909	<.05	0.37	1.22	98.7	15.6	0.14	<.10	<.005	<.005	<.005	<.005	<.005	<2

66820 07-05-SPM-01.DWG 5/15/07 NTS DDP REV



ERM Environmental Resources Management	**SITE PLAN MAP** **GORDONSVILLE OVERLAND FLOW SYSTEM** **GORDONSVILLE, VIRGINIA**	FIGURE **1-1**



Attachment 2

SCHEMATIC FLOW DIAGRAM

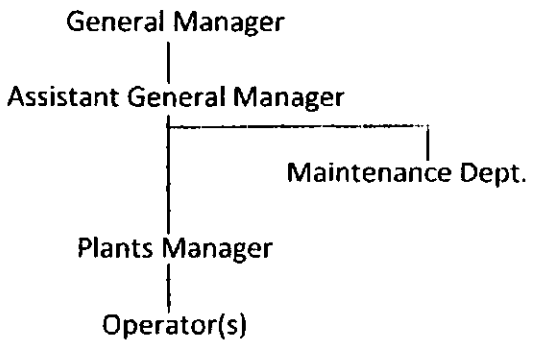
Gordonsville POTW
VA2001105

O&M Manual Revision

Page 1-4 through 1-5
Section 1.5 Operational and Management Responsibilities

The operator or operators of the treatment plant will be responsible for the day-to-day activities of the treatment system. Specific duties and responsibilities of the operator(s) are explained in Sections 3 and 7. A minimum of a Class III Wastewater Works Operators License is required for the Operator-in-Charge. Any other personnel working there may be a trainee that is working towards a license. A certified operator or trainee under the supervision of a certified operator is required to be at the plant a minimum of 3 days per week, 3 hours per day or whenever the overland flow system is in operation.

The plant operator shall be responsible for the day-to-day operation of the treatment plant. All minor repairs shall be made by the operator(s). The Plants Manager is the immediate supervisor who oversees all plant operations and schedules major maintenance tasks. The Assistant General Manager shall manage the overall plant operations. The treatment plant operator is responsible for reporting all plant activities to the General Manager or his designee. Routine activities shall be reported to the Plants Manager on a daily basis however any problems at the plant will immediately be reported to the General Manager or his designee. The plant operator(s) are **not** responsible for communicating with any of the regulatory agencies. That function will be the responsibility of the General Manager or the Assistant General Manager. The following is an organizational and staffing chart.



Attachment 3

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

Page: 1

Work Order #: 21630
Contract #: 06/48GORDON
Customer #: 2984
Customer PO #: GORDONSVILLE

RAPIDAN SERVICE AUTHORITY
P. O. BOX 148
RUCKERSVILLE, VA 22968

Job Location: GORDONSVILLE WWTP
Collected by: CLIENT
Date Received: 11/17/2011

ANALYSIS REPORT

TAG #:	SAMPLE POINT:	SAMPLE DATE:
55216	SIDE STREAM	11/17/2011

Description	Result	Unit	Rpt. Limit	Method	Anlys Date	Time	Init
Escherichia coli (100 ml)	1046.2	MPN	1	COLILERT	11/17/11	11:35	TB

Reviewed by: Angie Woodward
A. Woodward/Technical Director

Report Date: November 21, 2011
VA LAB ID# 460019
* Subcontracted test

Attachment 4

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

Page: 1

Work Order #: 21680
Contract #: 06/48GORDON
Customer #: 2984
Customer PO #: GORDONSVILLE

RAPIDAN SERVICE AUTHORITY
P. O. BOX 148
RUCKERSVILLE, VA 22968

Job Location:
Collected by: CLIENT
Date Received: 11/18/2011

ANALYSIS REPORT

TAG #:	SAMPLE POINT:	SAMPLE DATE:
55256	SIDE STREAM	11/18/2011

Description	Result	Unit	Rpt. Limit	Method	Anlys Date	Time	Init
Escherichia coli (100 ml)	1119.9	MPN	1	COLILERT	11/18/11	11:55	TB

Reviewed by: A. Woodward/Technical Director

Report Date: November 22, 2011
VA LAB ID# 460019
* Subcontracted test

Gordonsville Wastewater Plant

Tot. Rec. Copper Results

	2007	2008	2009	2010	2011
January	4.60	6.25	5.44	6.46	N/D
February	3.30	N/D	N/D	3.45	N/D
March	4.20	6.27	7.92	3.58	7.71
April	4.00	6.42	4.95	6.00	<QL
May	3.00	8.47	4.23	<QL	3.95
June	4.00	3.83	5.21	<QL	2.06
July	N/D	2.34	3.43	4.30	1.46
August	12.00	2.76	3.19	<QL	1.74
Sept.	2.45	N/D	1.55	2.62	8.72
October	N/D	7.94	1.12	2.86	2.62
Nov.	7.24	6.88	1.30	<QL	
Dec.	6.50	5.83	3.57	3.32	

Attachment 5

Please print or type in the unshaded areas only

Form Approved OMB No. 2040-0086

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F VA 0021105 D

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (*the area to the left of the label space lists the information that should appear*), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (*except VI-B which must be completed regardless*). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)	X		X
B. Does or will this facility (*either existing or proposed*) include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility (*other than those described in A or B above*) which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GORDONSVILLE WWTP

IV. FACILITY CONTACT

A. NAME & TITLE (*last, first, & title*)	B. PHONE (*area code & no.*)
TIMOTHY L. CLEMONS, ASSISTANT GENERAL MANAGER	(434) 985-7811

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
P.O. BOX 148

B. CITY OR TOWN	C. STATE	D. ZIP CODE
RUCKERSVILLE	VA	22968

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
735 RED HILL RD.

B. COUNTY NAME
LOUISA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (*if known*)
GORDONSVILLE	VA	22942	

EPA Form 3510-1 (8-90)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 (specify) SEWAGE SYSTEMS	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

RAPPAHANNOCK SERVICE AUTHORITY

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*

F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC *(other than federal or state)*; O = OTHER *(specify)*

M (specify)

D. PHONE *(area code & no.)*

(434) 985-7811

E. STREET OR P.O. BOX

P.O. BOX 148

F. CITY OR TOWN

RUCKERSVILLE

G. STATE VA

H. ZIP CODE 22968

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA 0021165	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)* (specify)
9 U	9
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)* (specify)
9 R	9

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Municipal wastewater treatment.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Dudley M. Pattie General Manager	Dudley M. Pattie	9/26/11

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. **Facility Information.**

Facility name: GORDONSVILLE WWTP

Mailing Address: P.O. BOX 148
RUCKERSVILLE, VA 22968

Contact person: TIMOTHY L. CLEMONS

Title: ASSISTANT GENERAL MANAGER

Telephone number: (434) 985-7811

Facility Address (not P.O. Box): 735 RED HILL RD.
GORDONSVILLE, VA 22942

A.2. **Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name: RAPIDAN SERVICE AUTHORITY

Mailing Address: P.O. BOX 148
RUCKERSVILLE, VA 22968

Contact person: SAME AS A.1.

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. **Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits)

NPDES: VA 0021105
UIC: NA
RCRA: NA
PSD: NA
Other: NA
Other: General Permit VAN 030046

A.4. **Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
TOWN OF GORDONSVIL	~1500	SEPARATE	MUNICIPAL
& ADJACENT AREA			

Total population served ~1500

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate: 0.667 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	0.296 mgd	0.464 mgd	0.226 mgd
c. Maximum daily flow rate	1.764 mgd	2.829 mgd	2.360 mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe):

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
GORDONSVILLE WWTP VA0021105

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location:
Town of Gordonsville (City or town, if applicable) 22942 (Zip Code)
Louisa (County) VA (State)
38 07 35 (Latitude) 78 12 00 (Longitude)

c. Distance from shore (if applicable): na ft

d. Depth below surface (if applicable): na ft

e. Average daily flow rate: 0.401 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ✓ Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: See attached narrative

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: unnamed tributary to South Anna River

b. Name of watershed (if known): York

United States Soil Conservation Service 14-digit watershed code (if known): unk

c. Name of State Management/River Basin (if known): York

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk

d. Critical low flow of receiving stream (if applicable):
acute 0 cfs chronic 0 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): unk mg/l of $CaCO_3$

Attachment to page 5 of 21

A.9.f.

The Gordonsville wastewater plant is very unique. It is a land application site utilizing spray fields in the treatment of primarily domestic sewage. The plant receives wastewater daily but, because of its configuration and use of storage ponds, does not necessarily discharge on a daily basis. The number of times per year the plant discharges varies according to wet weather/dry weather cycles, field conditions, pond storage capacity, etc. This variation also applies to the duration of any given discharge, the average flow per discharge and the months in which a discharge will occur.

There are times when the plant may go for two months or so with no discharge. There also may be times when the plant will discharge on a daily basis for a period of a week, month, or longer, all depending on what is happening at the plant at that given time. Likewise, when the plant is discharging, the duration and volume of discharge can vary greatly depending on the number of fields in use at the time, the weather, the condition of the grass on the fields, etc. It is very difficult to attempt to attach any specific number to these issues.

The uniqueness of the plant, with its ponds and spray fields provides a great deal of latitude in the actual discharge cycles for the plant.

FACILITY NAME AND PERMIT NUMBER:
GORDONSVILLE WWTP VA0021105

A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal 70 %

Design SS removal 70 %

Design P removal na %

Design N removal na %

Other _____ na %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe

none

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	8.7	s.u.			
Flow Rate	2.076	mgd	0.327	mgd	365
Temperature (Winter)	14	degrees C	8	degrees C	55
Temperature (Summer)	23	degrees C	21	degrees C	76

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	15	mg/l	1	mg/l	137	SM 5210B	
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		1300	n/cml	217	n/cml	11	IDEXX Colilert	
TOTAL SUSPENDED SOLIDS (TSS)		19	mg/l	4	mg/l	137	SM 2540D	

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

51,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Continue prioritized repair/replacement of lines previously identified through smoke testing and TV inspection.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g. chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ___Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

✓ Yes ___No

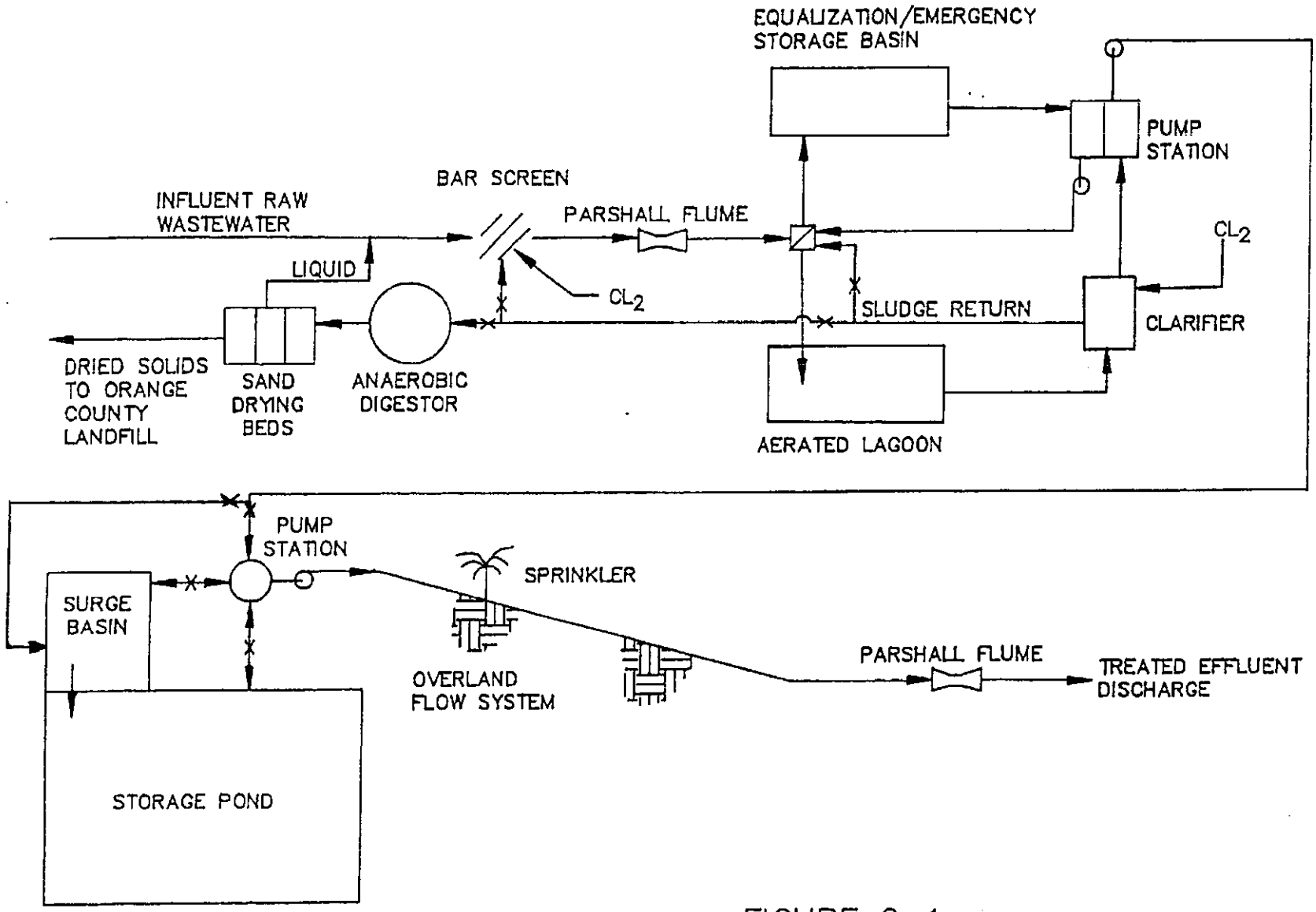


FIGURE 2–1

SCHEMATIC FLOW DIAGRAM

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

Chlorination of final effluent

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	__/__/____	02 / 03 / 2011
– End construction	__/__/____	02 / 16 / 2011
– Begin discharge	__/__/____	__/__/____
– Attain operational level	__/__/____	__/__/____

11/3/11
6M/ASA

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ___Yes ___No

Describe briefly: CTO Documentation/paperwork was mailed to DEQ on Nov. 29, 2011. Full time operation can begin upon receipt of CTO.

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	3.7	mg/l	0.2	mg/l	137		
CHLORINE (TOTAL RESIDUAL, TRC)	< QL	mg/l	< QL	mg/l	306	SM 4500.C.1.G	
DISSOLVED OXYGEN	13.8	mg/l	9.0	mg/l	308	SM 4500-0	
TOTAL KJELDAHL NITROGEN (TKN)	2.96	mg/l	1.88	mg/l	22	SM 4500.N.B	
NITRATE PLUS NITRITE NITROGEN	7.19	mg/l	1.31	mg/l	22	SM 4500 NO3 E	
OIL and GREASE	na						
PHOSPHORUS (Total)	2.89	mg/l	1.39	mg/l	22	SM 4500 P.E.B	
TOTAL DISSOLVED SOLIDS (TDS)	na						
OTHER	na						

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
GORDONSVILLE WWTP VA0021105

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Dudley M. Pattie, General Manager

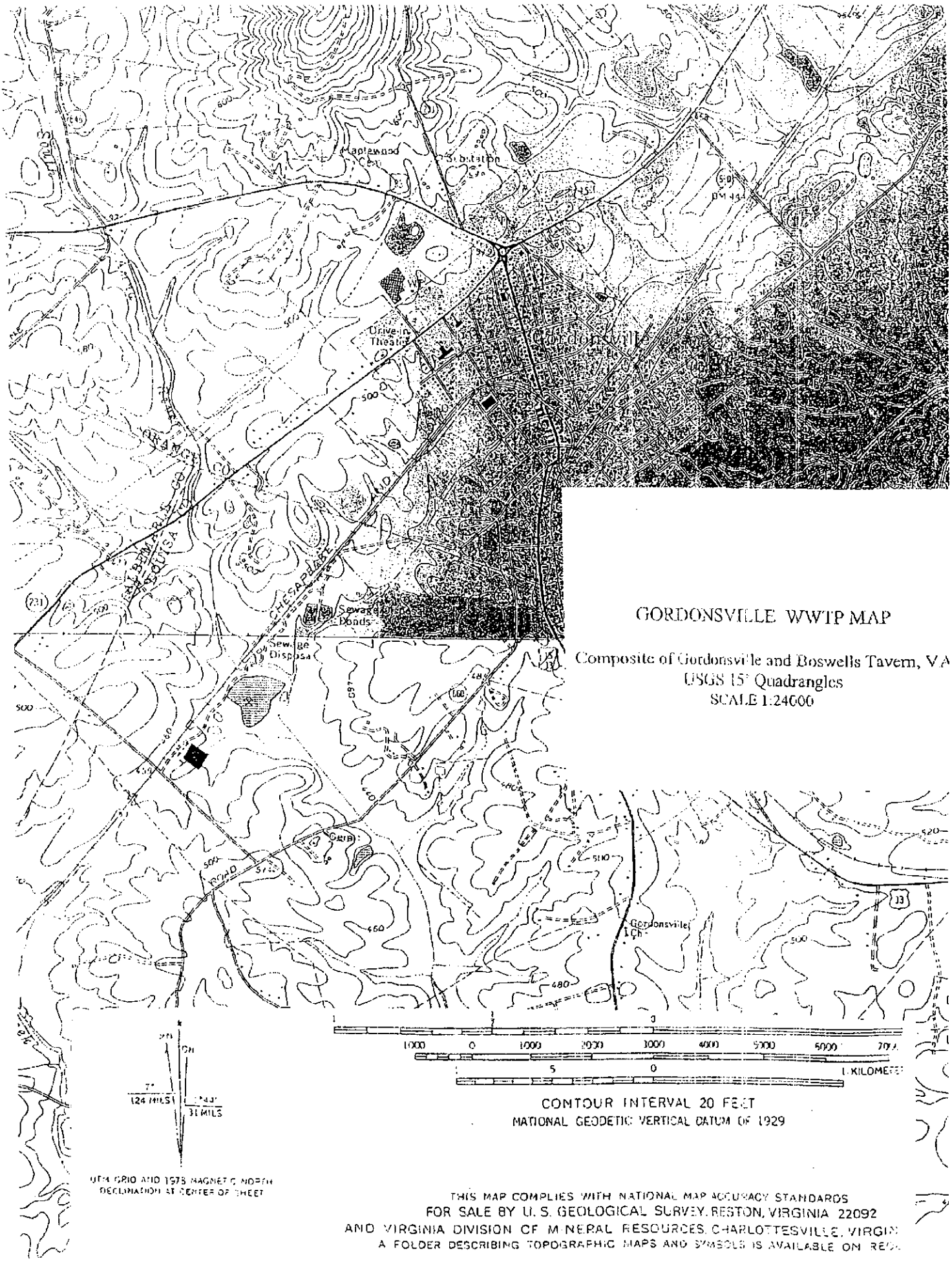
Signature: Dudley M Pattie GM/RSA

Telephone number: (434) 985-7811

Date signed: 9/26/11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



GORDONSVILLE WWTP MAP

Composite of Gordonsville and Boswells Tavern, VA
USGS 15' Quadrangles
SCALE 1:24000

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND VIRGINIA DIVISION OF MINERAL RESOURCES, CHARLOTTESVILLE, VIRGINIA
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQ

FACILITY NAME: Gordonsville WWTP VPDES PERMIT NUMBER: VA0021105

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? __X__ Yes ____ No

   Does this facility derive a material from sewage sludge? _____ Yes ___X__ No

   If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ____ Yes ___X___ No

   Is sewage sludge from this facility applied to the land? _____ Yes ___X___ No

   If you answer "No" to all above, skip Section C.

   If you answered "Yes" to either, answer the following three questions: NA

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes ___X___ No

   If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _____ Yes ___X___ No

   If "Yes", complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. **Facility Information.**
   a. Facility name: Gordonsville WWTP
   b. Contact person: Timothy L. Clemons
      Title: Assistant General Manager
      Phone: (434) 985-7811
   c. Mailing address:
      Street or P.O. Box: P.O. Box 148
      City or Town: Ruckersville State: VA Zip: 22968
   d. Facility location:
      Street or Route #: 735 Red Hill Rd.
      County: Louisa
      City or Town: Gordonsville State: VA Zip: 22942
   e. Is this facility a Class I sludge management facility? X Yes ____ No
   f. Facility design flow rate: 0.667 mgd
   g. Total population served: 1500
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      ____ Privately owned treatment works
      ____ Federally owned treatment works
      ____ Blending or treatment operation
      ____ Surface disposal site
      ____ Other (describe): _____

2. **Applicant Information.** If the applicant is different from the above, provide the following
   a. Applicant name: Rapidan Service Authority
   b. Mailing address:
      Street or P.O. Box: P.O. Box 148
      City or Town: Ruckersville State: VA Zip: 22968
   c. Contact person: same as 1. above
      Title: _____
      Phone: (_____) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner X operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant?
      ____ facility X applicant

3. **Permit Information.**
   a. Facility's VPDES permit number (if applicable): VA 0021105
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
NA	_____
_____	_____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ____ Yes __X__ No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. See Figure 2-1

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ____ Yes __X__ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name:

   Mailing address:

   Street or P.O. Box:

   City or Town: State: Zip:

   Phone: ( )

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. NA

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X__ Section A (General Information)

__X__ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title: Dudley M. Pattie, GM

Signature _____ Date Signed 9/28/10

Telephone number: (434) 985-7811

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. **Amount Generated On Site.**
   Total dry metric tons per 365-day period generated at your facility: ___0*___ dry metric tons

   *no sludge has left site during current permit period

2. **Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. NA

   a. Facility name: _____

   b. Contact Person: _____

      Title: _____

      Phone: (_____) _____

   c. Mailing address:

      Street or P.O. Box: _____

      City or Town: _____ State: _____ Zip: _____

   d. Facility location: _____

      (not P.O. Box) _____

   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

      _____

      _____

3. **Treatment Provided at Your Facility.**

   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      _____ Class A _____ Class B __X__ Neither or unknown

   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: long holding time

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      _____ Option 1 (Minimum 38 percent reduction in volatile solids)
      _____ Option 2 (Anaerobic process, with bench-scale demonstration)
      _____ Option 3 (Aerobic process, with bench-scale demonstration)
      _____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      _____ Option 5 (Aerobic processes plus raised temperature)
      _____ Option 6 (Raise pH to 12 and retain at 11.5)
      _____ Option 7 (75 percent solids with no unstabilized solids)
      _____ Option 8 (90 percent solids with unstabilized solids)
      __X__ None or unknown

   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: long holding time

      _____

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: NA

4. **Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).** NA

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

_____ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

_____ Yes _____ No

5. **Sale or Give-Away in a Bag or Other Container for Application to the Land.** NA

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. **Shipment Off Site for Treatment or Blending.** NA

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: _____

b. Facility contact: _____

Title: _____

Phone: (_____) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

_____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	_____
_____	_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

_____ Yes _____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

_____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

_____ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
_____ Yes _____ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _____ Yes _____ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. **Land Application of Bulk Sewage Sludge. NA**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

_____ dry metric tons

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? _____ Yes _____ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

_____

_____

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. NA

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: Type of Permit:

_____

_____

9. Incineration. NA

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. **Disposal in a Municipal Solid Waste Landfill.**

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Orange County Landfill

b. Contact person: Kurt Hildebrand

Title: Director of Public Works

Phone: (540) 672-9600

Contact is: __X__ Landfill Owner _____ Landfill Operator

c. Mailing address:

Street or P.O. Box: P.O. Box 111

City or Town: Orange State: VA Zip: 22960

d. Landfill location

Street or Route #: 11530 Porter Rd.

County: Orange

City or Town: Orange State: VA Zip: 22960

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

_____0_____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
SWP 090	VDEQ Solid Waste Permit

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
__X___ Yes _____ No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? __X___ Yes _____ No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _____ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Right onto Holiday Dr., left onto Klockner Rd., left onto US 15N, right onto Rt. 20N, right onto Porter Rd. 8:30 am – 4:00 pm M - F.

Crowther, Joan (DEQ)

From: Tim Clemons [TClemons@rapidan.org]
Sent: Monday, September 26, 2011 3:29 PM
To: Crowther, Joan (DEQ)
Subject: FW:
Attachments: Gordonsville POTW.PDF

Joan this should be the e-copy.

Tim

From: Scott Guengerich
Sent: Monday, September 26, 2011 3:28 PM
To: Tim Clemons
Subject:

RAPIDAN SERVICE AUTHORITY
11235 SPOTSWOOD TRAIL
PO BOX 148
RUCKERSVILLE, VA 22968
TEL 434-985-7811
FAX 434-985-6075

RAPIDAN SERVICE AUTHORITY

Serving the Counties of Greene, Madison and Orange

RAPIDAN SERVICE AUTHORITY
3489 GERMANNA HWY
PO BOX 736
LOCUST GROVE, VA 22508
TEL 540-972-2133
FAX 540-972-7065

September 26, 2011

Ms. Joan Crowther
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193

RE: Gordonsville POTW – VA0021105
Permit Renewal Application

Attached is the permit renewal application for the Gordonsville POTW. RSA believes this is accurate and complete with the exception of some laboratory testing that is presently being performed. We will forward that data to you as soon as it is received.

As part of this permit reissuance, RSA requests that the requirement for groundwater monitoring be removed. In addition, as a result of decreasing flow and customer base, there are several significant items we would like to discuss with you before this application is processed/forwarded to others for review. We would prefer to discuss these items in person and can meet with you at your earliest convenience.

Sincerely,

Dudley Pattie
General Manager

Please print or type in the unshaded areas only. Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F VA 0021105 T/A C D

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

1 SKIP: GORDONSVILLE WWTP

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 TIMOTHY L. CLEMONS, ASSISTANT GENERAL MANAGER	(434) 985-7811

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P.O. BOX 148

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 RUCKERSVILLE	VA	22968

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 735 RED HILL RD.

B. COUNTY NAME: LOUISA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 GORDONSVILLE	VA	22942	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4952 (specify) SEWAGE SYSTEMS	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: RAPIDAN SERVICE AUTHORITY

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M (specify)

D. PHONE *(area code & no.)*: A (434) 985-7811

E. STREET OR P.O. BOX: P.O. BOX 148

F. CITY OR TOWN: RUCKERSVILLE

G. STATE: VA

H. ZIP CODE: 22968

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N VA 0021105	**D. PSD** *(Air Emissions from Proposed Sources)*: 9 P
B. UIC *(Underground Injection of Fluids)*: 9 U	**E. OTHER** *(specify)*: 9 (specify)
C. RCRA *(Hazardous Wastes)*: 9 R	**E. OTHER** *(specify)*: 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Municipal wastewater treatment.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Dudley M. Pattie General Manager	Dudley M Pattie GM/BSA	9/26/11

COMMENTS FOR OFFICIAL USE ONLY

C

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: GORDONSVILLE WWTP

Mailing Address: P.O. BOX 148
RUCKERSVILLE, VA 22968

Contact person: TIMOTHY L. CLEMONS

Title: ASSISTANT GENERAL MANAGER

Telephone number: (434) 985-7811

Facility Address (not P.O. Box): 735 RED HILL RD.
GORDONSVILLE, VA 22942

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: RAPIDAN SERVICE AUTHORITY

Mailing Address: P.O. BOX 148
RUCKERSVILLE, VA 22968

Contact person: SAME AS A.1.

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA 0021105	PSD	NA
UIC	NA	Other	NA
RCRA	NA	Other	General Permit VAN 030046

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
TOWN OF GORDONSVIL	~1500	SEPARATE	MUNICIPAL
& ADJACENT AREA			

Total population served ~1500

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.667 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.296 mgd	0.464 mgd	0.226	mgd
c. Maximum daily flow rate	1.764 mgd	2.829 mgd	2.360	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
Town of Gordonsville (City or town, if applicable) 22942 (Zip Code)
Louisa (County) VA (State)
38 07 35 (Latitude) 78 12 00 (Longitude)

c. Distance from shore (if applicable) na ft.

d. Depth below surface (if applicable) na ft.

e. Average daily flow rate 0.401 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water unnamed tributary to South Anna River

b. Name of watershed (if known) York

United States Soil Conservation Service 14-digit watershed code (if known): unk

c. Name of State Management/River Basin (if known): York

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unk

d. Critical low flow of receiving stream (if applicable):
acute 0 cfs chronic 0 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): unk mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
GORDONSVILLE WWTP VA0021105

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

_____ Primary ✓ Secondary

_____ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	70	%
Design SS removal	70	%
Design P removal	na	%
Design N removal	na	%
Other _____	na	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

none

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.3	s.u.			
pH (Maximum)	8.7	s.u.			
Flow Rate	2.076	mgd	0.327	mgd	365
Temperature (Winter)	14	degrees C	8	degrees C	55
Temperature (Summer)	23	degrees C	21	degrees C	76

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	15	mg/l	1	mg/l	137	SM 5210B	
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		1300	n/cml	217	n/cml	11	IDEXX-Colilert	
TOTAL SUSPENDED SOLIDS (TSS)		19	mg/l	4	mg/l	137	SM 2540D	

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

121,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Continue prioritized repair/replacement of lines previously identified through smoke testing and TV inspection.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ___Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

✓Yes ___No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

Chlorination of final effluent

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	3.7	mg/l	0.2	mg/l	137		
CHLORINE (TOTAL RESIDUAL, TRC)	< QL	mg/l	< QL	mg/l	306	SM 4500.C.1.G	
DISSOLVED OXYGEN	13.8	mg/l	9.0	mg/l	308	SM 4500-0	
TOTAL KJELDAHL NITROGEN (TKN)	2.96	mg/l	1.88	mg/l	22	SM 4500.N.B	
NITRATE PLUS NITRITE NITROGEN	7.19	mg/l	1.31	mg/l	22	SM 4500 NO3 E	
OIL and GREASE	na						
PHOSPHORUS (Total)	2.89	mg/l	1.39	mg/l	22	SM 4500 P.E.B	
TOTAL DISSOLVED SOLIDS (TDS)	na						
OTHER	na						

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
GORDONSVILLE WWTP VA0021105

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Dudley M. Pattie, General Manager

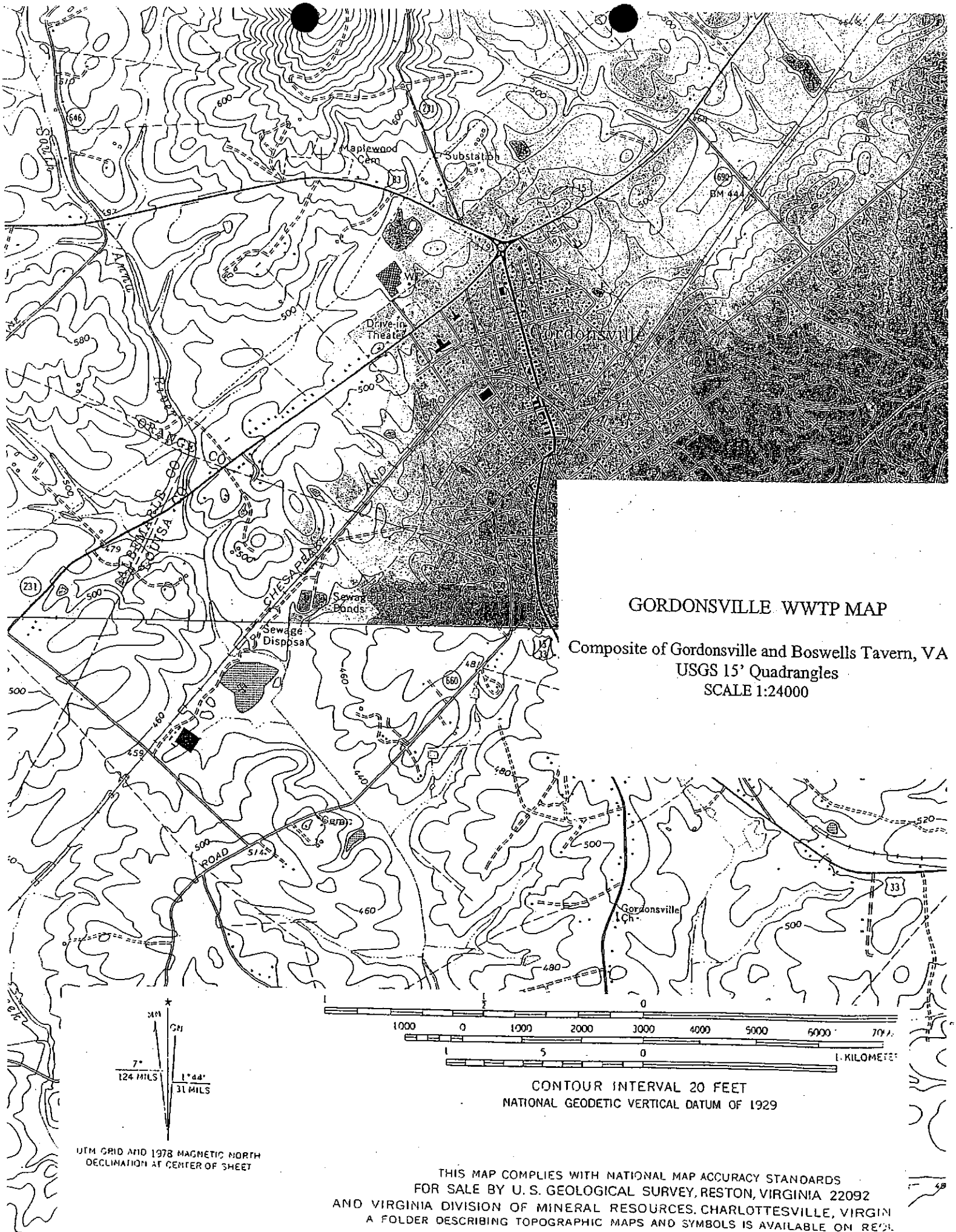
Signature: Dudley M. Pattie GM/RSA

Telephone number: (434) 985-7811

Date signed: 9/26/11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

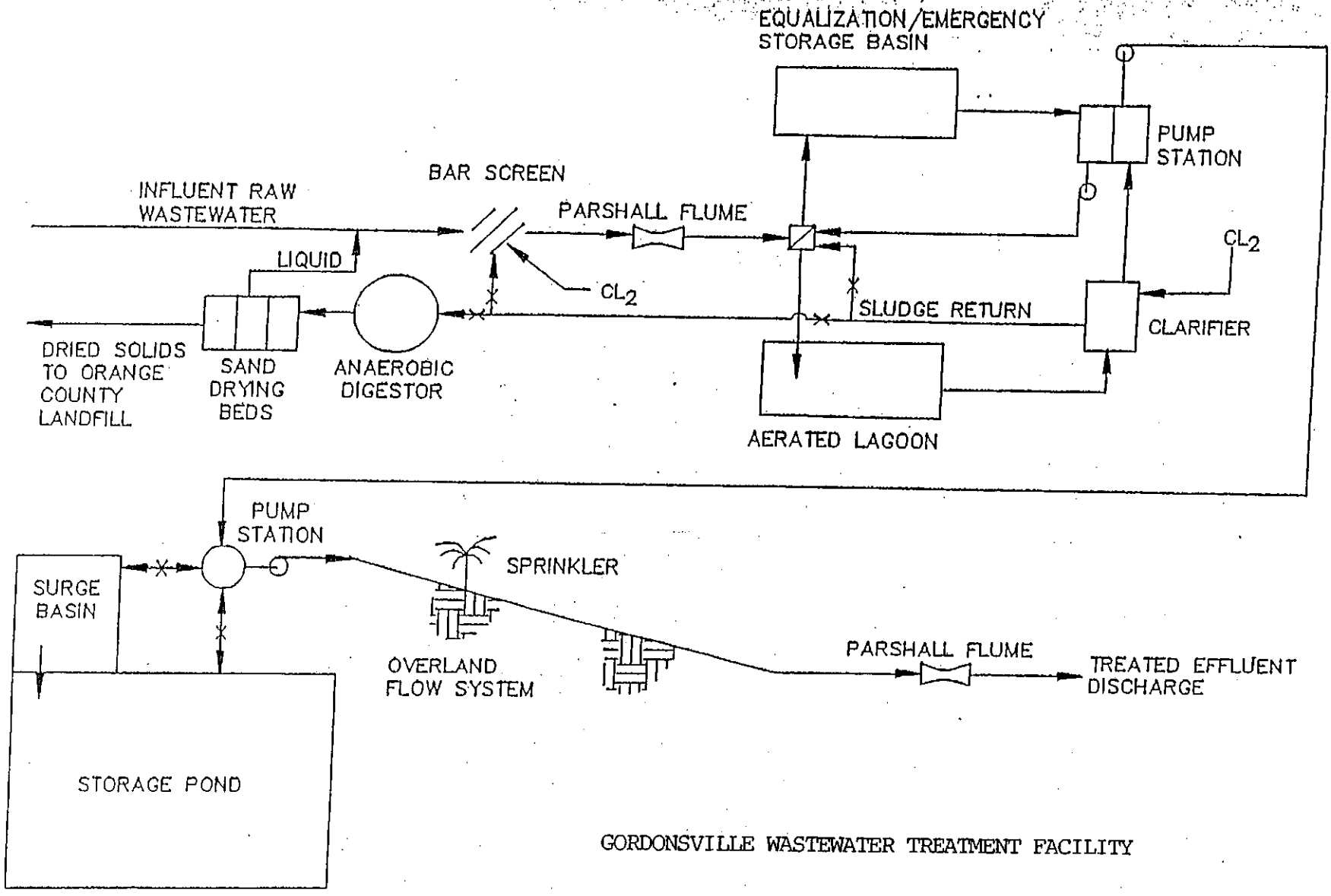
SEND COMPLETED FORMS TO:



GORDONSVILLE WWTP MAP

Composite of Gordonsville and Boswells Tavern, VA
USGS 15' Quadrangles
SCALE 1:24000

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
AND VIRGINIA DIVISION OF MINERAL RESOURCES, CHARLOTTESVILLE, VIRGIN
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQ



GORDONSVILLE WASTEWATER TREATMENT FACILITY

FIGURE 2–1

SCHEMATIC FLOW DIAGRAM

FACILITY NAME: Gordonsville WWTP **VPDES PERMIT NUMBER: VA0021105**

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? __X___ Yes _____ No

   Does this facility derive a material from sewage sludge? _____ Yes ___X__ No

   If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _____ Yes __X___ No

   Is sewage sludge from this facility applied to the land? _____ Yes __X___ No

   If you answer "No" to all above, skip Section C.

   If you answered "Yes" to either, answer the following three questions: NA

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes __X___ No

   If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _____ Yes ___X__ No

   If "Yes", complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. **Facility Information.**
   a. Facility name: Gordonsville WWTP
   b. Contact person: Timothy L. Clemons
      Title: Assistant General Manager
      Phone: (434) 985-7811
   c. Mailing address:
      Street or P.O. Box: P.O. Box 148
      City or Town: Ruckersville State: VA Zip: 22968
   d. Facility location:
      Street or Route #: 735 Red Hill Rd.
      County: Louisa
      City or Town: Gordonsville State: VA Zip: 22942
   e. Is this facility a Class I sludge management facility? __X___ Yes _____ No
   f. Facility design flow rate: 0.667 mgd
   g. Total population served: ~1500
   h. Indicate the type of facility:
      X_ Publicly owned treatment works (POTW)
      _____ Privately owned treatment works
      _____ Federally owned treatment works
      _____ Blending or treatment operation
      _____ Surface disposal site
      _____ Other (describe): _____

2. **Applicant Information.** If the applicant is different from the above, provide the following:
   a. Applicant name: Rapidan Service Authority
   b. Mailing address:
      Street or P.O. Box: P.O. Box 148
      City or Town: Ruckersville State: VA Zip: 22968
   c. Contact person: same as 1. above
      Title: _____
      Phone: (_____) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      __X___ owner ___X__ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant?
      _____ facility ___X__ applicant

3. **Permit Information.**
   a. Facility's VPDES permit number (if applicable): VA 0021105
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
NA	_____
_____	_____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? _____ Yes __X___ No If "Yes", describe:

_____

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. See Figure 2-1

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____ Yes ___X__ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name: _____

   Mailing address:

   Street or P.O. Box: _____

   City or Town: _____ State: _____ Zip: _____

   Phone: (_____) _____

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   _____

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. NA

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

__X___ Section A (General Information)

__X__ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title: Dudley M. Pattie

Signature Dudley M. Pattie, GM Date Signed 9/28/10

Telephone number: (434) 985-7811

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. **Amount Generated On Site.**
   Total dry metric tons per 365-day period generated at your facility: ___0*___ dry metric tons

   *no sludge has left site during current permit period

2. **Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. NA

   a. Facility name: _____

   b. Contact Person: _____

      Title: _____

      Phone: (_____) _____

   c. Mailing address:

      Street or P.O. Box: _____

      City or Town: _____ State: _____ Zip: _____

   d. Facility location: _____

      (not P.O. Box) _____

   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

      _____

      _____

3. **Treatment Provided at Your Facility.**

   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      _____ Class A _____ Class B __X___ Neither or unknown

   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: long holding time

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      _____ Option 1 (Minimum 38 percent reduction in volatile solids)
      _____ Option 2 (Anaerobic process, with bench-scale demonstration)
      _____ Option 3 (Aerobic process, with bench-scale demonstration)
      _____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      _____ Option 5 (Aerobic processes plus raised temperature)
      _____ Option 6 (Raise pH to 12 and retain at 11.5)
      _____ Option 7 (75 percent solids with no unstabilized solids)
      _____ Option 8 (90 percent solids with unstabilized solids)
      __X___ None or unknown

   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: long holding time

      _____

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: NA

4. **Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).** NA

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

_____ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

_____ Yes _____ No

5. **Sale or Give-Away in a Bag or Other Container for Application to the Land.** NA

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. **Shipment Off Site for Treatment or Blending.** NA

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: _____

b. Facility contact: _____

Title: _____

Phone: (_____) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

_____ dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
_____	_____
_____	_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

_____ Yes _____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

_____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

_____ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

_____

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
_____ Yes _____ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

_____

_____

i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _____ Yes _____ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

_____

_____

7. **Land Application of Bulk Sewage Sludge. NA**

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

_____ dry metric tons

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? _____ Yes _____ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

_____

_____

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. **Surface Disposal. NA**

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. **Incineration. NA**

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Orange County Landfill

b. Contact person: Kurt Hildebrand

Title: Director of Public Works

Phone: (540) 672-9600

Contact is: __X___ Landfill Owner _____ Landfill Operator

c. Mailing address:

Street or P.O. Box: P.O. Box 111

City or Town: Orange State: VA Zip: 22960

d. Landfill location.

Street or Route #: 11530 Porter Rd.

County: Orange

City or Town: Orange State: VA Zip: 22960

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

_____0_____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
SWP 090	VDEQ Solid Waste Permit

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
__X___ Yes _____ No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? __X___ Yes _____ No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _____ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Right onto Holiday Dr., left onto Klockner Rd., left onto US 15N, right onto Rt. 20N, right onto Porter Rd. 8:30 am – 4:00 pm M - F.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Rapidan Service Authority

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** PIN 2-9,10,11

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** < 1

5. **What is the design average effluent flow of this facility?** 0.667 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☒ No ☐

If "Yes", please identify the other flow tiers (in MGD) or production levels:

0.94 MGD

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Municipal wastewater treatment

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 690

0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

___ Permanent stream, never dry

X Intermittent stream, usually flowing, sometimes dry

___ Ephemeral stream, wet-weather flow, often dry

___ Effluent-dependent stream, usually or always dry without effluent flow

___ Lake or pond at or below the discharge point

___ Other:

9. **Approval Date(s):**

O & M Manual 08/10/1988 **Sludge/Solids Management Plan** 12/20/2006

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Orange County Review in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Dudley M. Pattie, General Manager

Owner: Rapidan Service Authority

Agent/Department Address: P.O. Box 148

Ruckersville, VA 22968

Agent's Telephone No.: 434 985-7811

Printed Name: Dudley M. Pattie

Authorizing Agent – Signature: Dudley M. Pattie GM/BSA

Date: 9/26/11

VPDES Permit No. VA0021105
Facility Name: Gordonsville WWTP

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821